MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES (MDHSS)
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE

APPLICATION/CENTER INFORMATION FOR THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

NAME OF FACILITY (CHECK IF NEW OR RE-APPLYING)	☐ NEW FACILITY ☐ RE-APPLYING FACILITY	FOR PARTICIPATING FACILITIES ONLY CURRENT CONTRACT NUMBER	FOR MDHSS USE ONLY NEW CONTRACT NUMBER

MAILING ADDRESS OF FACILITY (IF DIFFERENT FROM STREET ADDRESS)	STREET ADDRESS OF FACILITY		
CITY	STATE	ZIP CODE	COUNTY

NAME OF OWNER OR ORGANIZATION SPONSORING THIS FACILITY (IF APPLICABLE)

ENROLLMENT INFORMATION

FREE	REDUCED	PAID	TOTAL

CACFP CONTACT PERSON/OWNER	CENTER DIRECTOR
NAME	NAME
POSITION TITLE:	POSITION TITLE:
E-MAIL:	E-MAIL:
PHONE: ( ) EXTENSION:	PHONE: ( ) EXTENSION:
FAX: ( )	FAX: ( )
	DATE OF BIRTH: MONTH_____DAY_____YEAR_____

TYPE OF FACILITY (Only one box in this section may be checked. Be sure to choose the correct box under the appropriate heading).

CHILD CARE CENTER

☐ NONPROFIT CHILD CARE CENTER, HEAD START OR LICENSE-EXEMPT CHILD CARE CENTER [must be tax-exempt by the Internal Revenue Service. (501c(3) organization)) **Submit a copy of your 501c(3) Letter.**

☐ FOR-PROFIT CHILD CARE CENTER [must be receiving state child care subsidy money from the Family Services Division for at least 25% of enrolled children or 25% of license capacity, whichever is less; or have 25% of enrolled children eligible for free or reduced-price meal reimbursement].

☐ EMERGENCY OR HOMELESS SHELTER

☐ GOVERNMENT OPERATED CHILD CARE CENTER

OUTSIDE SCHOOL HOURS CARE CENTER

☐ NONPROFIT OUTSIDE SCHOOL HOURS CARE CENTER [a center that only cares for children before or after school, and is a tax-exempt 501c(3) organization].

☐ FOR-PROFIT OUTSIDE SCHOOL HOURS CARE CENTER [must be a for-profit center caring for children before and after school and must be receiving state child care subsidy money from the Family Support Division for at least 25% of enrolled children or 25% of license capacity, whichever is less].

☐ NONPROFIT AT-RISK AFTER SCHOOL PROGRAM [center must be located in an area served by a school where 50% or more of children enrolled in that school are eligible for free or reduced price school lunches. Must be a tax-exempt 501c(3) organization].

☐ FOR-PROFIT AT-RISK AFTER SCHOOL PROGRAM [must be caring for children in an at-risk setting, as described above, and must be receiving state subsidized child care payments from the Family Support Division for at least 25% of enrolled children or 25% of license capacity, whichever is less; or have 25% of enrolled children eligible for free or reduced price meal reimbursement].

☐ GOVERNMENT OPERATED AT-RISK AFTER SCHOOL OR OUTSIDE SCHOOL HOURS PROGRAM

ADULT DAY CARE CENTER [Adult day care centers may not receive Title III of the Older Americans Act funding if participating in the CACFP].

☐ NONPROFIT ADULT DAY CARE CENTER [must be a licensed, tax-exempt, 501c(3) organization, caring for adults in a nonresidential setting].

☐ FOR-PROFIT ADULT DAY CARE CENTER [must be receiving Title XIX payments for at least 25% of enrolled adults in a nonresidential setting].

CENTER ADMINISTRATION	IS THIS A LICENSED CENTER?
☐ LEGAL ENTITY OF THE SPONSOR ☐ LEGALLY SEPARATE FROM THE SPONSOR	☐ YES ☐ NO

IS THIS CENTER AFFILIATED WITH A RELIGIOUS ORGANIZATION?

☐ YES
☐ NO

PLEASE SELECT THE MONTH(S) OF OPERATION (SELECT ALL THAT APPLY)

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

AGE RANGE OF PARTICIPANTS ENROLLED AT THIS SITE (CHECK ALL THAT APPLY)

☐0-11 MONTHS ☐1-2 YEARS ☐ 3-5 YEARS ☐6-12 YEARS ☐13-18 YEARS ☐18 YEARS –OVER

LICENSING INFORMATION

IF THIS FACILITY IS NOT LICENSED BY ANY STATE OR FEDERAL AUTHORITY, IS THE FACILITY LICENSE-EXEMPT BY RELIGIOUS OR NURSERY SCHOOL AND INSPECTED BY THE SECTION FOR CHILD CARE REGULATION TO MEET MINIMUM HEALTH AND SAFETY STANDARDS?

☐ YES (IF YES, INCLUDE A COPY OF YOUR DC-100 – LICENSE EXEMPT HEALTH AND SAFETY CHECKLIST)
☐ NO (IF NO, INCLUDE A COPY OF YOUR LOCAL FIRE AND SANITATION INSPECTION).

LICENSE OR LICENSE-EXEMPT NUMBER (DVN)	EFFECTIVE DATE	EXPIRATION DATE	LICENSE CAPACITY

IS THIS FACILITY AUTHORIZED TO PROVIDE OVERLAP CARE?

☐YES (IF YES, INCLUDE A COPY OF YOUR OVERLAP AUTHORIZATION – FORM DC-16 CHILD CARE FACILITY OVERLAP REQUEST).
☐ NO

HOURS OF OPERATION	DAYS OF OPERATION (circle all days the center will be open and serving meals)
FROM _____ TO_____	M T W Th F S Su

FOR-PROFIT CENTERS ONLY

IS THIS CENTER ☐TITLE XX FOR-PROFIT (child care subsidy) ☐FREE/REDUCED FOR-PROFIT

A. TITLE XX BENEFICIARIES	B. FREE CATEGORY	C. REDUCED CATEGORY	E. TOTAL NUMBER OF PARTICIPANTS ENROLLED (A+B+C)

AFTER-SCHOOL HOURS PROGRAMS

AT-RISK OR OUTSIDE SCHOOL HOURS PROGRAM ACTIVITIES THAT **MUST** BE REGULARLY SCHEDULED (CHECK ALL THAT APPLY)

☐NOT APPLICABLE ☐EDUCATIONAL ☐SUPERVISED ☐ENRICHMENT ☐OTHER (PLEASE SPECIFY BELOW)

SCHOOL DISTRICT_____

SCHOOL FULL NAME_____

PERCENT OF FREE/REDUCED-PRICED ELIGIBLE STUDENTS _____%:

MEAL SERVICE

MEALS FOR WHICH REIMBURSEMENT IS REQUESTED (a center may claim up to two meals and one snack per participant in attendance per day. Emergency homeless shelters may claim up to three meals per day. At-Risk After School programs may claim only after school supper and/or p.m. snack.)

Check the meals and snacks to be claimed.	☐ BREAKFAST	☐ AM SNACK	☐ LUNCH	☐ PM SNACK	☐ SUPPER	☐ EVENING SNACK
BEGIN TIME						
END TIME						

Note: Meals and snacks may take no more than two hours from start to finish. Breakfast may not be served after 10:00 a.m. Lunch may not be served before10:30 a.m. and must be over by 1:30 p.m. Supper may not begin before 5:30 p.m., except in At-Risk After School Programs. At-Risk After School programs must allow 2-1/2 hours between the end of the supper meal service and the start of the snack meal service, or vice versa, if both meal and snack are served.

DO YOU SERVE MEALS ON HOLIDAYS? ☐ YES ☐ NO (IF "YES", CHECK ALL THAT APPLY)

☐NEW YEARS	☐PRESIDENTS DAY	☐MARTIN LUTHER KING	☐COLUMBUS DAY
☐ELECTION DAY	☐VETERAN'S DAY	☐MEMORIAL DAY	☐LABOR DAY
☐INDEPENDENCE DAY	☐EASTER	☐THANKSGIVING	☐CHRISTMAS

☐OTHER(S) _____

TYPE OF FOOD SERVICE

MEAL PREPARATION

☐ON SITE
☐CENTRAL KITCHEN (meals are prepared off-site from the facility in a kitchen owned and operated by the facility)
☐SCHOOL FOOD AUTHORITY (Submit a copy of the agreement.)
☐COMMERCIAL CATERER (VENDOR) (Contact MDHSS for information on procuring contracts for food service. Submit a copy of current food service contract.)

FOR-PROFIT CENTER CONTRACT FOR COMMERCIAL CATERER

☐VENDOR CONTRACT < $10,000 ☐ VENDOR CONTRACT > = $10,000

NOT FOR-PROFIT CENTERS CONTRACT FOR COMMERCIAL CATERER

☐VENDOR CONTRACT < $100,000 ☐ VENDOR CONTRACT > = $100,000

VENDOR (CATERER) NAME (IF APPLICABLE)

CONTRACT BEGIN DATE:	CONTRACT END DATE:

IS THIS A PRICING OR NON-PRICING PROGRAM?

☐ **PRICING PROGRAM**: The center charges a fee, separate from tuition, for meals in order to make up the difference between the reimbursement provided by the CACFP and the actual cost of serving the meals. (Pricing programs must contact MDHSS for more information regarding charges for meals.)

☐ **NON-PRICING PROGRAM**: Families pay a general tuition charge that covers all areas of child or adult care services provided by the facility, including the meals. There is no separate identifiable charge for the meals.

HAVE YOU EVER BEEN FOUND TO BE IN NONCOMPLIANCE OF THE CIVIL RIGHTS LAWS BY ANY FEDERAL AGENCY?

☐ YES ☐ NO

IS THIS FACILITY MINORITY OWNED AND OPERATED?	IS THIS FACILITY A REGISTERED WOMAN OWNED AND OPERATED FACILITY?
☐ YES ☐ NO	☐ YES ☐ NO

CIVIL RIGHTS REVIEW (MUST BE COMPLETED BY FIRST TIME APPLICANTS)

Collection of racial/ethnic data is for statistical reporting and in no way affects program participation. For information on the racial/ethnic make-up of your area, check with the local Chamber of Commerce, the public library, or the public school system in your area. For racial/ethnic make-up of the participants in the facility, use visual identification or parental report to determine the racial/ethnic category.

	PERCENT RACIAL/ETHNIC MAKE-UP OF THE POPULATION OF THE AREA TO BE SERVED.	ACTUAL NUMBER OF PARTICIPANTS ENROLLED IN THE CENTER BY RACIAL/ETHNIC CATEGORY.
AMERICAN INDIAN OR ALASKAN NATIVE	%	
ASIAN	%	
BLACK OR AFRICAN AMERICAN	%	
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	%	
WHITE	%	
WITHIN EACH CATEGORY ABOVE, INDICATE HOW MANY ARE OF HISPANIC OR LATINO ETHNICITY		

SIGNATURE

SIGNATURE BY THE AUTHORIZED REPRESENTATIVE (S) BELOW CERTIFIES THAT:

A. The information on the application is true and correct to the best of my knowledge.

B. The owner and authorized representative(s) accept final administrative and financial responsibility for the total CACFP operation at the facility, if not under a sponsoring organization.

C. Reimbursement will be claimed only for meals and snacks served to enrolled participants.

D. Department officials may verify information.

E. The owner and authorized representative(s) understand that information is being given in connection with the receipt of federal funds, and that deliberate misrepresentation may subject the authorized representative(s) to prosecution under applicable state and federal criminal statutes.

F. The above named facility assures that all participants enrolled in the facilities described on the application form are served the same meals regardless of race, color, national origin, age, sex, or disability, and there is no discrimination in the course of the meal service.

G. For pricing facilities, meals will be available to all enrolled participants. A separate charge will be made for the meals. For non-pricing facilities, meals will be made available to all enrolled participants at no separate charge.

H. All materials related to the program will contain the following nondiscrimination statement and complaint procedures:

- *In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.*
- *To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.*

I. The above named center or facility, and any of its directors, owners, board members, or other principals of the organization, have not been disqualified from participation in any publicly funded program for violating that program's requirements during the past seven years.

J. During the past seven years, the board members, owners, directors, or other principals of the organization have not been convicted of any crime indicating a lack of business integrity, such as fraud, antitrust violations, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice or any other activity indicating a lack of business integrity as determined by the state agency .

K. If the sponsoring organization is a for-profit organization, the centers under its sponsorship share the same legal entity as the sponsoring organization.

L. Only for-profit centers meeting the 25% standard will submit a claim for reimbursement, or will be included in the sponsoring organization's claim for reimbursement. The institution or the sponsoring organization will indicate on the monthly claim the total number of participants which are Title XX and/or Title XIX beneficiaries.

SIGNATURE OF OWNER OR BOARD PRESIDENT		SIGNATURE OF CENTER DIRECTOR OR OTHER AUTHORIZED REPRESENTATIVE (person authorized to submit CACFP claims for reimbursement)	
TITLE/POSITION	DATE	TITLE/POSITION	DATE
PRINT OR TYPE NAME OF OWNER OR BOARD PRESIDENT		PRINT OR TYPE NAME OF CENTER DIRECTOR OR AUTHORIZED REPRESENTATIVE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (REQUIRED)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (REQUIRED)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES USE ONLY

APPROVED BY:	TITLE	DATE	EFFECTIVE DATE